STATEMENT OF

PAGE 1 / 8 =

FEC FORM 1		_	ANIZA	_							Office	Use Or	nlv		
1. NAME OF		(Check			ole:If typi	ng, typ	e	121	FE4	M5	Oilioc	030 01	iiy		
COMMITTEE (in	ı full)	is chang	ged)	over th	ne lines.						_				
Patriots for	Perry														
<u> </u>	1 1 1 1		1 1 1 1		1 1 1		1 1	1 1	ı	1 1	1 1	1 1	1 1	1 1	, I
ADDRESS (number of	nd atract)	4075 Linglestow	n Road								1 1				
ADDRESS (number a	•	PMB 119													
is changed	d)	Harrisburg						ı PA		. 1	7112				
		CITY ▲							` TE ▲	Ľ.		_ _ ZI	_ -	DE 🛦	
COMMITTEE'S E-MA	AII ADDRES	ss													
(Check if a		, jljukus@gma	ail.com												
is changed															
		Optional Second	d E-Mail Add	dress	1 1 1		1 1	1 1	ı	1 1	1 1	1 1	1 1	1 1	. 1
COMMITTEE'S WEB (Check if a is changed	address	PatriotsforPerry.	com												
2. DATE 04	M / D 26		Y												
3. FEC IDENTIFIC	CATION NU	MBER ▶	C co	00510164											
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMEN	NDED (A)								
I certify that I have e	examined th	is Statement and	to the best	of my kno	owledge	and be	lief it i	s true	, corr	ect a	nd co	mplete			
Type or Print Name	of Treasurer	Jukus, Joel, , Mr	ſ.,												
Signature of Treasure	er <i>Jukus</i> ,	Joel, , Mr.,		[E	lectronica	lly Filed	<u>]</u>	Date	Iv	04	/	26	/ Y	2023	Y
NOTE: Submission of	false, errone	ous, or incomplete ANY CHANGE II									ne per	alties	of 52 U	J.S.C.	§30109
Office Use Only				Fe To	or further ederal Elec oll Free 80	ction Con 0-424-95	nmissio						ORN 06/20		

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Candidate Perry, Scott, , ,	
	Party Affiliation REP Sought: * House Senate President	State PA
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organia	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	Vrite or Type Committee Name	12000)		r ago o
	Patriots for Per	ry		
6.		ganization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leaders	hip PAC Sponsor
	Protect the House 20	24		
	Mailing Address	PO Box 30844		
		ıBethesda	MD 20824	
			20024	
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of	f the person in possessi	on of committee
	books and records.			
	Jukus, Joel,	, Mr.,		
	Full Name			
	Mailing Address	4031 Thicket Lane		
		1		
		Harrisburg	PA 17110	
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	·		. 717	395 1636
	Treasurer	Telephone num	ber	393 - 1036
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the na	me and address of
	Full Name Jukus, Joel,	Mr		
	of Treasurer	,, 		
	Mailing Address	4301 Thicket Lane		
	Mailing Address			
		U	.=	
		Harrisburg	PA 17110	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		ber	395 - 1636

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		
	Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
		Telephone number	
•		Depositories: List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds.	ds accounts, rents
	Name of Bank, D	depository, etc.	
		CAPITAL BANK	
	Mailing Address	10700 PARKRIDGE BLVD	
		STE 180	
		RESTON VA 20191	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
		First Virginia Community Bank	
	Mailing Address	11325 Random Hills Road	
		Fairfax VA 22030	
		CITY ▲ STATE ▲	ZIP CODE ▲

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or(h). Joint Fundraisi n	g Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected Take Back the Ho	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Spon
Pull Name	y by name, address (phone number – optional)		
Mailing Address			
TITLE OF POSITION	_ CITY ▲	STATE A	ZIP CODE ▲
TITLE OR POSITION	1	elephone Number	
safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds. ers First Federal Credit Union	the committee deposit	s funds, holds accounts, rents
Mailing Address	6280 Carlisle Pike		
Mailing Address	6280 Carlisle Pike		17050

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5(a)	or(h). Joint Fundraisin	g Participant:		
O(9)	1	<u> </u>	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Hullibel	0
6.	Name of Any Connected Team Perry Victor	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	3501 N. Front Street, Suite 200		
		Harrisburg	PA PA	17110
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Full Name	by name, address (phone number – optional)		
	Mailing Address	1		
	Maining / Idanooo			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			lephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which taintains funds. Fargo Bank 8302 Woodmont Avenue Bethesda	the committee deposit	s funds, holds accounts, rents

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(h). Joint Fundraisi			
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spons
TRANSPORTATI	ON TRUST FUND		
Mailing Address	502 6TH STREET		
	HUDSON	wi wi	54016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
resignated Agent: Identife Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY	STATE A	
Full Name Mailing Address TITLE OR POSITION Lianks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which saintains funds. ght Bank	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, Forbri	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which saintains funds.	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which saintains funds. ght Bank	STATE A lephone Number	ZIP CODE A

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5(g) o	or(h). Joint Fundraisin	g Participant:	
	1	F	EC ID number
	2.	F	EC ID number
	3.	F	EC ID number
	4	F	EC ID number
6.		Organization, Affiliated Committee, Joint Fundraisin	ng Representative, or Leadership PAC Sponsor
	Mailing Address	PO BOX 26141	
		ALEXANDRIA	VA 22313
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint Fund	draising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)	
	Full Name		
	Full Name		
	Mailing Address	CITY A	STATE A ZIP CODE A
		Y	
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	Telepho	STATE ZIP CODE one Number
	Mailing Address TITLE OR POSITION Banks or Other Depositor	Telepho	STATE ZIP CODE one Number
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	Telepho	STATE ZIP CODE one Number
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the pository, etc.	Telepho	STATE ZIP CODE one Number
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the pository, etc.	Telepho	STATE ZIP CODE one Number